

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/6/00</i>
O.I.P.E. CLASSIFIER		<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW		<i>71472</i>	<i>9-13-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

+ ..... Rejected  
 - ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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